Electronic Patent Application Fee Transmittal									
Application Number:									
Filing Date:									
Title of Invention:	SUBSTRATE DIVIDING SYSTEM, SUBSTRATE MANUFACTURING EQUIPMENT, SUBSTRATE SCRIBING METHOD AND SUBSTRATE DIVIDING METHOD								
First Named Inventor:	Yoshitaka Nishio								
Filer:	Howard I. Sobelman/Julie Eslick								
Attorney Docket Number:	49288.3500								
Filed as Small Entity									
U.S. National Stage under 35 USC 371 Fil	ing	Fees							
Description		Fee Code	Quantity	Amount	Sub-Total in USD(\$)				
Basic Filing:									
Basic National Stage Fee	·	2631	1	150	150				
Natl Stage Search Fee - Report provided		2642	1	200	200				
Nati Stage Exam Fee - all other cases		2633	1	. 100	100				
Ad Ragee nt date: 05/09/2007 CBURT1 09/14/2006 INTEFSW 00000947 192814 10598878									
05 FC:2615 475.00 CR Natl Stage Appl Sz fee per 50 pgs >100		2681	1	125	125				
Claims:		·							
Claims in excess of 20		2615	19	25	475				
Miscellaneous-Filing:									

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PATENT APPLICATION FEE DETERMINATION RECORD							Application of Docket Number					
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CLAIMS AS FILED - PART I						SMALL ENT	TITY OR		OTHER THAN SMALL ENTITY			
J.S.	NATIONAL S	STAGE FEES	(Column	1)	((Column 2)	۱ ٦	RATE	FEE	l	RATE	FEE
			SMALL ENT.	= \$ 150	LARG	E ENT. = \$ 300	┪╽	BASIC FEE	\$150	OR	BASIC FEE	\$300
EXAMINATION FEE			Satisfies PCT Art			1	EXAM. FEE	100		EXAM. FEE		
SEARCH FEE			(4) = \$50 / \$100			SEARCH FEE	200		SEARCH FEE			
FEE FOR EXTRA SPEC. PGS.			minus 100 = 72 / 50 =		1	X \$ 125 =) .		X \$ 250 =			
TOTAL CHARGEABLE CLAIMS			27 min	us 20 =	*	7		X \$ 25 =	115	OR	X \$ 50 =	
INDEPENDENT CLAIMS			2 mi	nus 3 =	* ~			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT						+ \$ 180 =)	OR	+ \$ 360 =			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	(025	OR	TOTAL ,	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						.	SMALL ENTITY		OR I	OTHER SMALL E		
ITA		REMAINING AFTER AMENDMENT			BER > DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAŢE	TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	0
	FIRST PRES	ENTATION OF M	IULTIPLE DEPE	NDENT	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
				. 241	•		-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)						
8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OMEN	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =		OR	+ \$ 360 =			
	<u> </u>							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	If the "Highest No	umn 1 is less than th umber Previously Pa umber Previously Pa	id For" IN THIS SF	ACE is les	s than '20	0', enter "20".	:					

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.